

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 09 693 577	FILING DATE 10-19-00
APPLICANT(S)	

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4			
TOTAL DEP.	18	→	→	→
TOTAL CLAIMS	20	QR	QR	QR

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.		→	→	→		
TOTAL CLAIMS		QR	QR	QR		